MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIALNO 521531

FILING DATE

APPLICANT(S)

~-			
<i>,</i> ,,		1 1	ac.
	м		1S
\sim			

 					A F		CLAIMS							
	AS	AS FILED		AFTER 1"AMENDMENT		TER Endment		AS	FILED	AF	AFTER L'AMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	IND	. DEI		DEP.		ENDMEN	
2	 	+	-	<u> </u>			51			· 1 21D.	DEP.	IND.	DE	
3	 	+ /		-	-		52				 		<u> </u>	
4	┪	+-				 	53				 	 	├	
5	 	+	╂		 		54				 	 	 	
6	//	 -	 -	├	-	ļ	55				 	 		
7	 	 	 	 -	 	 	56				 	 	 	
8	 	╁┈┈	 	 -	 	 	57				<u> </u>		├	
9	1	1	 	 	 	 	58						 	
10		1	 	 	 	 	59						 	
11		1	 	 	 		60						 -	
12		 	 -				61							
13		 	 		 		62							
14	1	 	 				63							
15			 		 		64							
16			 				65							
17			 				66							
18							67							
19			1				68							
20	-		 				69							
21					 		70							
22			 		 		71		<u> </u>					
23	1				 		72							
24							73							
25	 				 		74	-						
26	1						75	-						
27					 		76		1					
28							77	- 						
29							78		 					
30					 		79							
31	·						80		<u> </u>					
32							81		ļ				. :	
33							82	 	<u> </u>					
34	-						83							
35							84	-	<u> </u>					
36			 	<u> </u>			85	·	 		1			
37							86							
38				· ·			87	 	 	!	I			
39							88	 	 	 				
40							89 90	 	 					
41							90		 	 				
42							91	 	 	 				
43							93	 						
44						$\overline{}$	93	+		1				
45							95	 						
46							96	 			f_		<u>.</u>	
47							97	 						
48							98	 	·					
49	·						99	 		 -				
50							100	 		 	<u> </u> _			
TAL IND.	2	食		4		*	TOTAL ENG		K	 -	-	- 	lor.	
TAL DEP	4	*		, [. 1		╁	4		4		4	
OTAL				\$20055		(C)	TOTAL DE	ļ	4 2		(a		(=	
LAIMS	<u></u>	COLUMN TO SERVICE SERV	[8		19		CLABES	1 1		1 損		12		

U.S. DEPARTMENT of COMMERCE